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FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMUSSION: 1/F



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.20 SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
l						
DATE RECEIVED						

Name of Offering (check if this is a	amendment and nam	e has changed, and indic	ate change.)			4-9/4
ARI-Meadows Office Building, LP / o	ffering of units of lin	nited partnership intere	sts			
Filing Under (Check box(es) that apply	: 🔲 Rule 504	☐ Rule 505	Rule 506	☐ Section 4(6)	☐ ULOE	
Type of Filing: New Filing	☐ Amendment					
	A	. BASIC IDENTIFICA	ATION DATA			
1. Enter the information requested about						
Name of Issuer (☐ check if this i	s an amendment and i	name has changed, and ir	idicate change.)			
ARI-Meadows Office Building, LP						
Address of Executive Offices		(Number and Street, Ci	ty, State, Zip Code)	Telephone Number (Incl	uding Area Code)	
27432 Calle Arroyo, San Juan Capi	strano, CA 92675			949-481-6738		
Address of Principal Business Operati	ons	(Number and Street, Ci	ty, State, Zip Code)	Telephone Number (Incl	uding Area Code)	
(if different from Executive Offices)						
Brief Description of Business						
The net proceeds of the offering will Partnership"), which owns the multi					nunteu partnersnip	(the Meadows
Type of Business Organization						
□ corporation		ership, already formed	Other (pleas	• • • • • • • • • • • • • • • • • • • •		
☐ business trust	limited part	ership, to be formed	lim	ited liability company		
						DDAAFAA
	_	Month Year			Ω_{ν}	A A A A A A A A A A A A A A A A A A A
Actual or Estimated Date of Incorporati	on or Organization:	1 1 0 4			O_{I}	AAA sa a a
	\			☐ Estimated		MAR mae
Jurisdiction of Incorporation or Organiz	•				(
	CN for C	anada; FN for other forei	gn jurisdiction)	D E		THOMSON
						FINANCIA
A						- w 3 (J) (4)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General Partner
Full Name (Last name first, if	individual)				
•					
ARI-Meadows, LLC Business or Residence Addres	cc. Alumbar and Stre	ant City State Zin Code)			
Business of Residence Addres	ss (Number and Suc	cet, City, State, Zip Code)			
27432 Calle Arroyo, San Ju-					
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	findividual)				Williaging Lauter
A D. alta Itana I.D.					
Argus Realty Investors, LP Business or Residence Addres	ss (Number and Stre	eet, City, State, Zip Code)			
	,	, • , • ,			
27432 Calle Arroyo, San Ju: Check Box(es) that Apply:	an Capistrano, CA ☐ Promoter	92675 ☐ Beneficial Owner	☑ Executive Officer of	☐ Director	☐ General and/or
——————————————————————————————————————	□ Floillotei	Deficicial Owlie	General Partner	Director	Managing Partner
Full Name (Last name first, if	f individual)				
Richard Gee					
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zip Code)			
		00/55			
27432 Calle Arroyo, San Ju- Check Box(es) that Apply:	an Capistrano, CA □ Promoter	92675 ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
	0				Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)	-		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
	C' 1' '1 IN			····	Managing Partner
Full Name (Last name first, it	individual)				
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	f individual)				Transfering A de taled
Business or Residence Addre	ss (Number and Str	eet City State Zin Code)		····	
Dasmoss of Residence Additi	oo (i tambei ana ba	coi, ony, omic, zip code)			
	а	Ica blank cheet or convend u	se additional conies of this sheet	oc necessary)	

				В.	INFORMA	TION ABOU	T OFFERI	NG				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No					
i. Has	the issuer so	a, or does the						_		•••••		☒
2 WL					ppendix, Col		•				650 (000(1)
What is the minimum investment that will be accepted from any individual?									000(1)			
3 Doe	Does the offering permit joint ownership of a single unit?							Yes ⊠	No □			
	Does the offering permit joint ownership of a single unit? Enter the information required for each person who has been or will be paid or given, directly or indirectly, any commission								E)	Ц		
		eration for sol										
		ated person o										
		lealer. If mor					d persons o	f such a bro	ker or deale	r, you may		
set 1	forth the infor	mation for tha	at broker or o	dealer only.	Not Applic	able.						
Full Nan	ne (Last name f	irst, if individua	d)	· · · · · · · · · · · · · · · · · · ·								
Business	or Residence	Address (Number	er and Street, (City, State, Z	ip Code)					***************************************		* * * * * * * * * * * * * * * * * * *
Name of	Associated Bro	oker or Dealer					5					
		Listed Has Soli			urchasers							□ AN 64-4
(Check		check individu [AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	All States [ID]
[IL]		[AZ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nan	ne (Last name f	irst, if individua	ai)									
Business	or Residence	Address (Numb	er and Street,	City, State, Z	ip Code)			 				
Name of	Associated Br	oker or Dealer		U			·					
States in	Which Person	Listed Has Soli	cited or Intend	ds to Solicit F	Purchasers							
(Check	"All States" o	check individu	al States)		••••••							All States
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]		[SD]	[TN]	[TX]	X[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nan	ne (Last name 1	irst, if individua	al)	_								
Business	or Residence	Address (Numb	er and Street,	City, State, Z	ip Code)							
Name of	Associated Br	oker or Dealer								· · · · · · · · · · · · · · · · · · ·		
		Listed Has Soli			Purchasers			15	, · · · ·	¥		
•		check individu	•			 [⊜Tr]	(Dr)	(DO3	(Pt)			All States
[AL [IL]		[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(1) Subject to certain exceptions in the discretion of the Manager.

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt..... Equity ☐ Common □ Preferred Convertible Securities (including Warrants) Partnership Interests Other (Specify_ ____) Total \$<u>5,465,500</u> \$ 4,875,500 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors 38 \$ 4,875,500 Accredited Investors -0--0-Non-accredited Investors Total (for filings under Rule 504 only) N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505 Regulation A N/A N/A Rule 504 N/A N/A Total N/A N/A a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees..... Sales Commissions (specify finders' fees separately)(2)..... (2) Other Expenses (identify)_ X Printing, Legal Fees, Accounting Fees and Other Offering Expenses 78,000 \boxtimes Total 78,000 (2) If any commissions are paid they will be paid by the general partner.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPENSES	AND U	SE OF PROCEEDS		7-11-11-11-1
	b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to 1 the "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This	differe	ence is		\$ 5,387,500
5.	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in response.	or any purpose is not know the total of the payments liste	n, furn ed must	ish an equal		
				Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and Fees		\boxtimes	\$345,000		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of machinery and equip	ment		\$		\$
	Construction or lease of plant buildings and facilities			\$		\$
	Acquisition of other businesses (including the value of securities in offering that may be used in exchange for the assets or securities o issuer pursuant to a merger)	f another				
				\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$		\$
	Other (specify) Acquisition of 90% limited partnership interes Meadows Partnership				X	\$_5,042,500
		***************************************		\$		\$
	Column Totals	***************************************	\boxtimes	\$ 345,000	\boxtimes	\$ <u>5,042,500</u>
	Total Payments Listed (column totals added)			⊠ \$ <u>5,3</u> 1	37,500	
	D. FE	DERAL SIGNATURE				
underta	there has duly caused this notice to be signed by the undersigned duly king by the issuer to furnish to the U.S. Securities and Exchange Conted investor pursuant to paragraph (b)(2) of Rule 502.					
Issuer	(Print or Type)	Signature , 1		у		Date
ARI-	Meadows Office Building, LP	P. Der				3-1-05
Name	of Signer (Print or Type)	Title of Signer (Print or Type)				
Richa	ard Gee	Chief Executive Officer of A	RI-Me	adows, LLC, General P	artner	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)